



State of California  
Edmund G. Brown Jr., Governor

## Replacement Renewal Form

Complete this form and submit with payment in the amount of **\$250.00** to:

**State of California**

Board of Chiropractic Examiners  
901 P Street, Suite 142A  
Sacramento, California 95814

**\*\*\*INCOMPLETE FORMS WILL BE RETURNED ALONG WITH YOUR PAYMENT\*\*\***

Check the box that applies to this renewal form: ☐ **ACTIVE** License ☐ **INACTIVE** License

**Type or print clearly**

Name:	DC:
Current Practice Address:	
License Expiration Date:	

**Answer the following questions**

- Law Violations:** During the last 5 years, have you been convicted of, or pled nolo contendere to, any violation of a local, state, or federal law of any state, territory, country or U.S. federal jurisdiction?  
☐ **YES** ☐ **NO**
- Disciplinary Action:** Have you had any disciplinary action taken against you by any other state regulatory agency?  
☐ **YES** ☐ **NO**
- Continuing Education (CE):** If renewing your license in active status; I certify under penalty of perjury that I have completed and can document (if audited) 24 hours of Board-approved CE **prior** to my license expiration date, or that I have met the CE exemption requirements.

**I declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<i>Complete if a change of name or address has occurred (must attach legal documents with name change)</i>	<i>Mailing Address, only if Inactive (P.O. Box acceptable)</i>
New Name:	Name:
Practice Address:	Mailing Address:
City: State: Zip:	City: State: Zip:
Phone Number:	

T (916) 263-5355  
F (916) 327-0039  
TT/TDD (800) 735-2929  
Consumer Complaint Hotline  
(866) 543-1311

Board of Chiropractic Examiners  
901 P Street, Suite 142A  
Sacramento, California 95814  
[www.chiro.ca.gov](http://www.chiro.ca.gov)